

Name
in
Full

Mary Cookson Baile

291
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}			<u>Carmel</u> ^{County}			MARYLAND			
Date of death <u>1908</u>		<u>Sept</u> ^{Month}		<u>20</u> ^{Day}		<u>23</u> ^{Years}		<u>6</u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Uniontown Md.</u>					
Occupation <u>✓</u>				Where Residing if not at place of death <u>✓</u>					
Married, Single Widow				Name of Wife or Husband <u>Widow of Isaac C. Baile</u>					
Father's Name <u>Joseph Cookson</u>				Father's Birthplace <u>Uniontown Md</u>					
Mother's Maiden Name <u>Rachel Whitehill</u>				Mother's Birthplace <u>Unionville Md</u>					
Name of person giving information <u>Nathan H. Baile</u>				How related to deceased <u>S. Mother</u>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Heart weakness</u>	How long <u>one year</u>
Immediate <u>Failure</u>	How long <u>ten hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G. L. S. [illegible]</u>
<u>Yes</u>	Address <u>Westminster Md</u>
Accident or Suicide?	



Name
in
Full

R Sarah M. Baum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

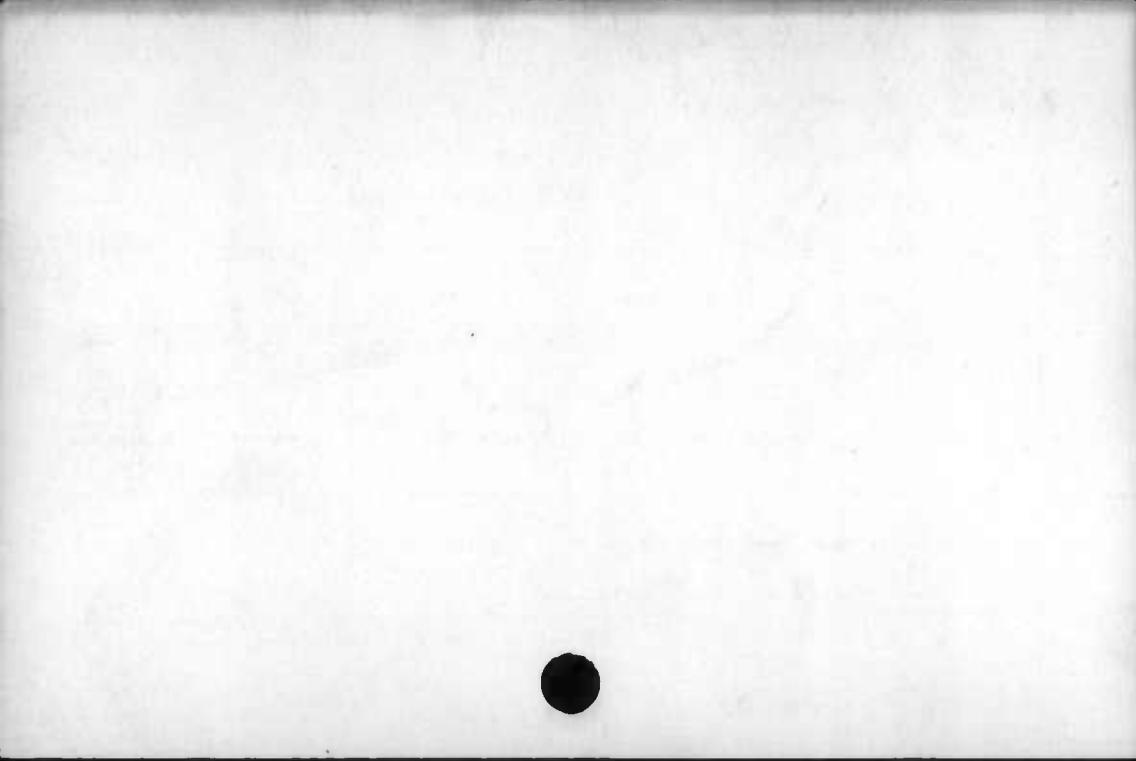
Died at <i>Lykesville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>5</i>	Age <i>51</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Christian Baum</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Elizabeth Hinton</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>H. W. Carter</i>		How related to deceased <i>Bro-in-law</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Dementia (Terminalis)</i>	How long over 1 year
Immediate	<i>Exhaustion from Malnutrition</i>	How long over 2 weeks
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Norfolk Morris M.D.</i>
		Address <i>Springfield State Hospital Lykesville, Carroll Co. Md.</i>
Accident or Suicide? <i>—</i>		



Name
in
Full

Margaret Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

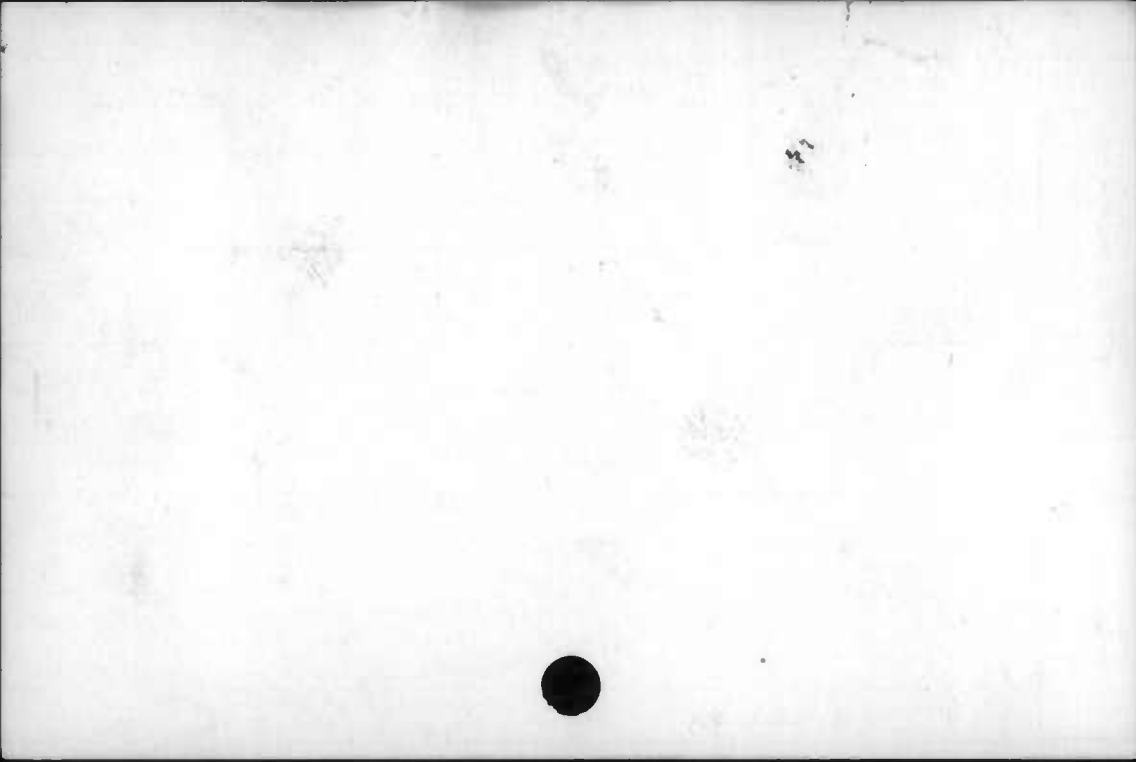
Died at <i>Mt. Airy</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>22</i>	Age	Years	Months <i>5</i> Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Mt. Airy</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Mt. Airy, Ind.</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Elisha W. Beall</i>	Father's Birthplace <i>Fredt Co. Ind.</i>				
Mother's Maiden Name <i>Mary C. Cutsail</i>	Mother's Birthplace <i>Fredt Co. Ind.</i>				
Name of person giving information <i>Elisha W. Beall</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>measles</i>	How long <i>2 months</i>
Immediate <i>asthma</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. E. Brownell</i>
<i>9</i>	Address <i>Mt. Airy, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

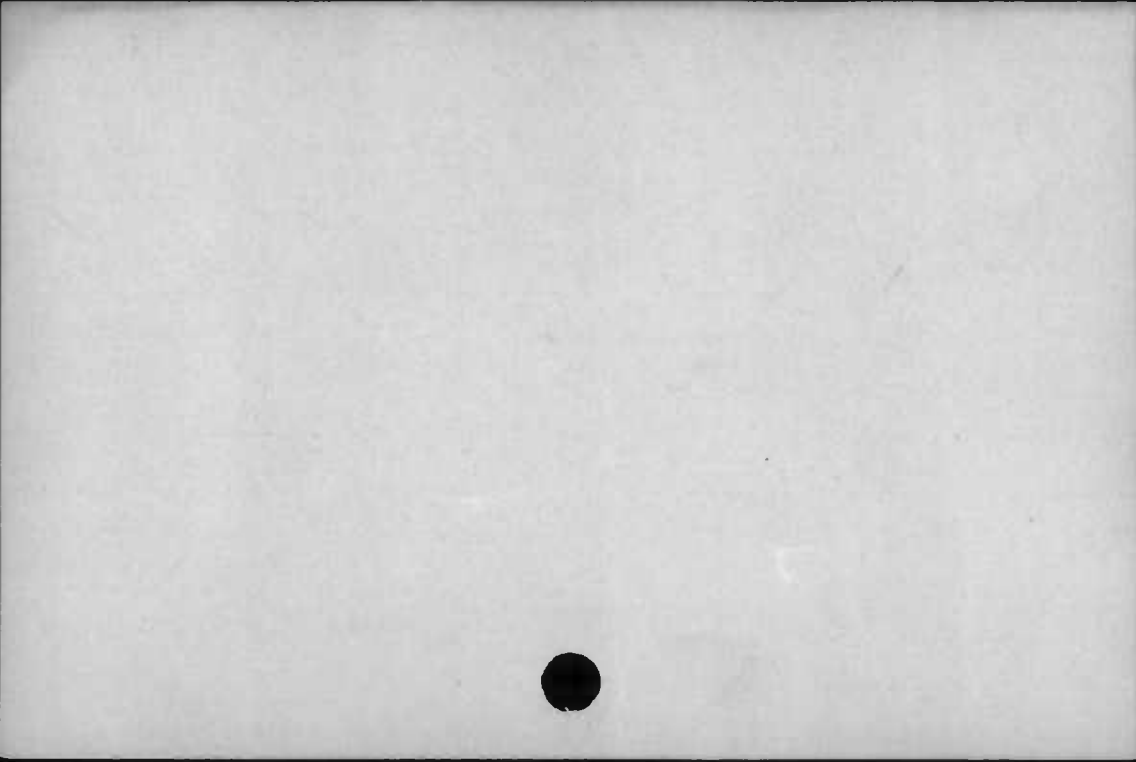
Name <i>Maggie M. Ward-Beecraft</i>		Town <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Sept.</i>		Day <i>2nd</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co.</i>		Years <i>—</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Place of death</i>		Months <i>—</i>		Days <i>2</i>	
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed		Name of <input checked="" type="checkbox"/> Wife or <input type="checkbox"/> Husband <i>Infant</i>		Father's Name <i>James Beecraft</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Rosie M. Miller</i>		Mother's Birthplace <i>Maryland</i>		Name of person giving information <i>James Beecraft</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Transverse Presentation</i>		How long <i>In labor</i>	
Immediate <i>Shock + Exhaustion</i>		How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. M. Ward, M.D.</i>	
		Address <i>Harrisonville</i>	
Accident or Suicide? <i>—</i>		<i>Balti - Co.</i>	



Name in Full		Elizabeth. Bitzel				383		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Westminster		County Carroll		MARYLAND			
	Date of death	1908	Month Sept	Day 5	Age 75	Years	Months 8	Days	
	Sex	Female		Color or Race White		Birth-place Germany			
	Occupation	House Wife			Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband Martin Bitzel					
	Father's Name	John. Baker				Father's Birthplace Germany			
	Mother's Maiden Name	Don't know				Mother's Birthplace Unknown			
Name of person giving information	Martin Bitzel.				How related to deceased Husband				
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Old age				How long	75 years		
	Immediate	Heart disease				How long	One year		
	Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician Jas. H. Wilkins		
					Address		Westminster Md		
	Accident or Suicide?				No				

German Lath Corn
Small wood

Name
in
FullRev. J. Brown
Town
Millers

CERTIFICATE OF DEATH

MARYLAND

Died at

County
Carroll.

Date

of death 1908 Sept

Day

10

Age

Years

Months

3

Days

22

Sex

Male

Color or
Race

White

Birth-
place

Millers

Occupation

Where Residing if not
at place of death

Millers

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Chas. Brown

Father's
Birthplace

Millers

Mother's
Maiden Name

Grace B. Mc. Collough

Mother's
Birthplace

Balto Co Md

Name of person giving
Information

Chas Brown

How related
to deceased

Father

CAUSES OF DEATH

179

Primary

Marasmus

How long

4 weeks

Immediate

Dysentery

How long

2 days

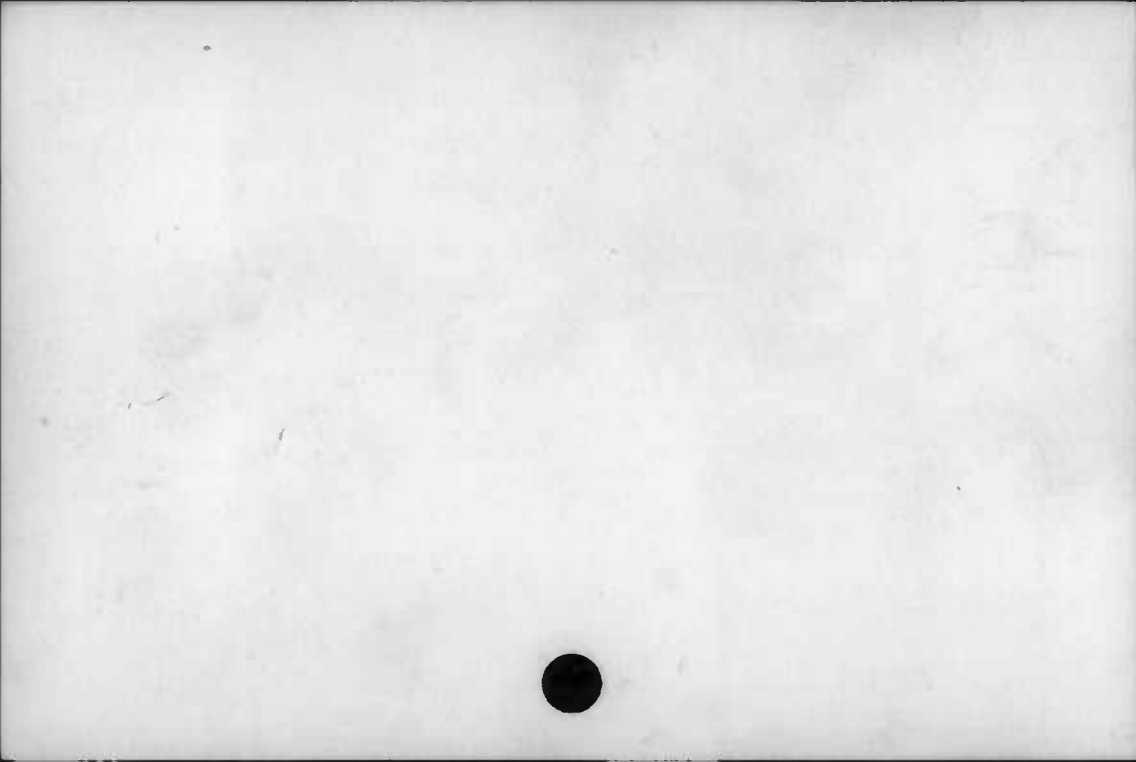
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Weston M.D.
Maine, Me.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

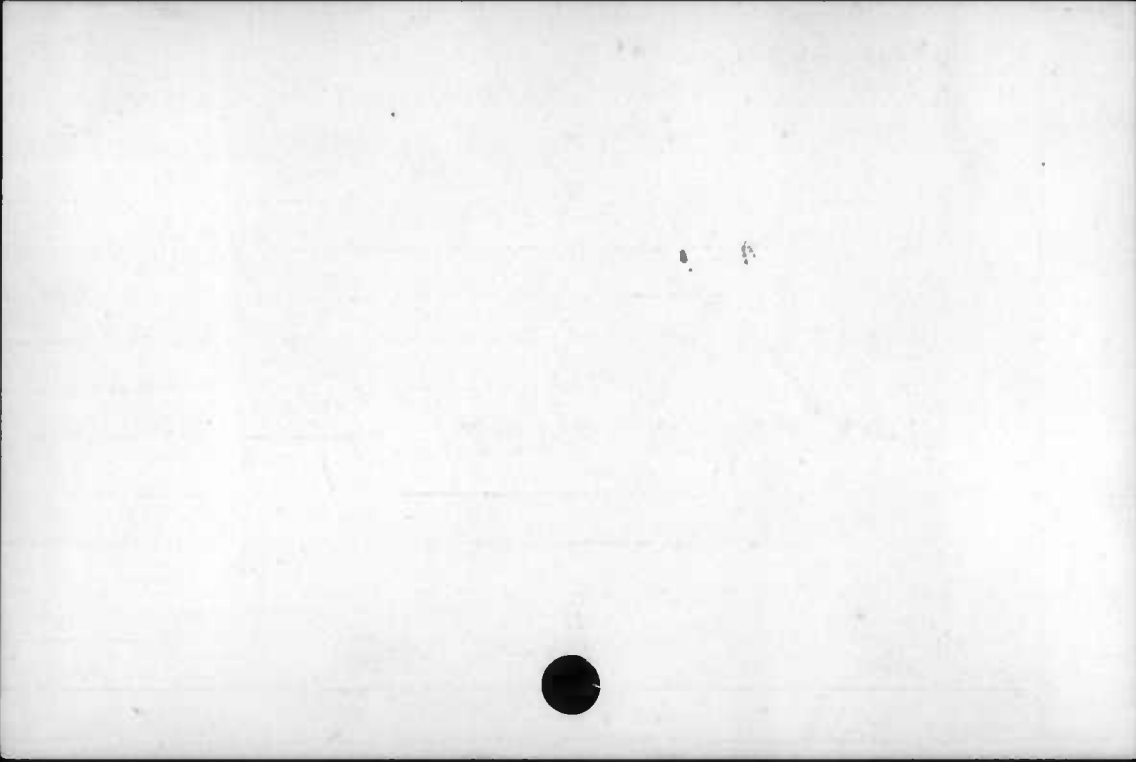
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Buchanan</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Hampstead</i>		Month <i>9</i>		Day <i>4</i>		Age <i>61</i>	
Date of death <i>1908</i>		Months <i>1</i>		Years <i>61</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Honesville Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Abraham Buchanan</i>		Father's Birthplace <i>France</i>					
Mother's Maiden Name <i>Mary Trexler</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>John Buchanan</i>		How related to deceased <i>Son</i>					

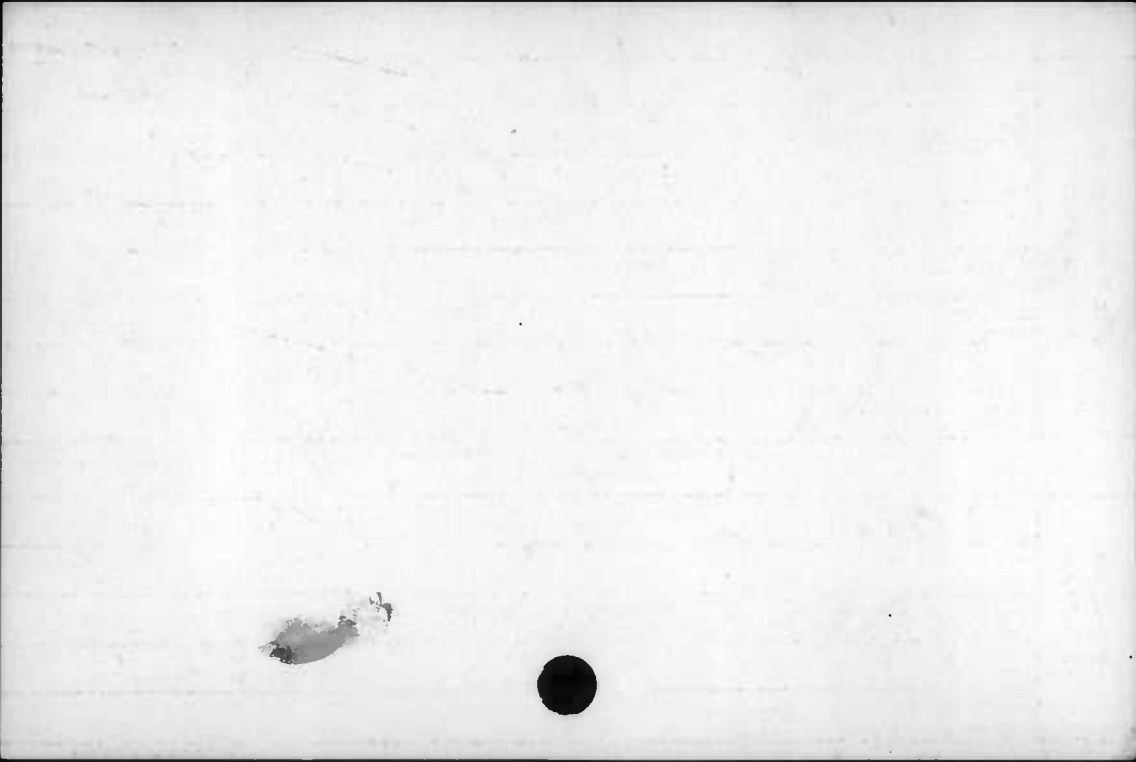
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>1</i>
Immediate <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Wells</i>
	Address <i>Hampstead Md</i>
Accident or Suicide?	



Name In Full <i>Julia Lee Cantwell</i>		CERTIFICATE OF DEATH	
Died at <i>New Windsor</i> Town <i>Carroll</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Sept.</i> Day <i>20</i> Age <i>13</i> Years Months Days <i>5</i>			
Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Maryland</i>			
Occupation <i>none</i> Where Residing if not at place of death <i>New Windsor</i>			
Married, Single or Widowed <i>Single</i> Name of Wife or Husband _____			
Father's Name <i>David Cantwell</i> Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Eva Waltz</i> Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>David Cantwell</i> How related to deceased <i>Father</i>			
CAUSES OF DEATH			
Primary <i>Pertussis</i> How long <i>From 9 weeks</i>			
Immediate <i>Spasms</i> How long <i>1/2 hour</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Ira Whitehall</i>		
	Address <i>New Windsor Md</i>		
Accident or Suicide? _____			



Name in Full		William H. Caple				392		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Eastwin		County		Carroll	
		Date of death		1908		Month		Sep.	
		Day		20		Age		81	
		Sex		Male		Color or Race		White	
		Birth-place		Maryland		Months		3	
		Days		2		Occupation		Farmer	
		Where Residing if not at place of death							
Married, Single or Widowed		Widower		Name of Wife or Husband		Margaret Poolery			
Father's Name		Jacob Caple		Father's Birthplace		Md.			
Mother's Maiden Name		Buth Cole		Mother's Birthplace					
Name of person giving information		Geo H. Caple		How related to deceased		Son			
				CAUSES OF DEATH		64			
PHYSICIAN OR CORONER		Primary		Old age		How long		10 days	
		Immediate		Apoplexy		How long		6 days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. H. Billinglea	
				Address		Westminster Md.			
		Accident or Suicide?		No					

Sandy Mount

Name
in
Full

Mordecai Clemson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

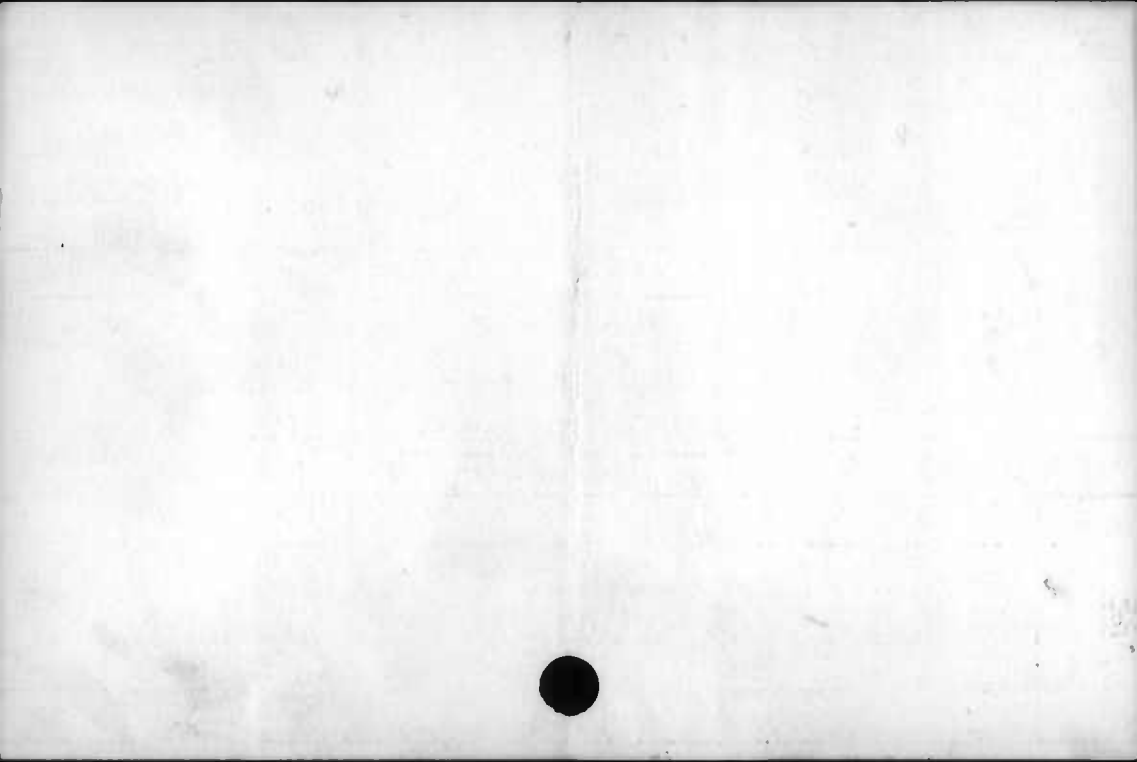
Died at <i>Springfield Hospital</i> ^{Town} <i>Leannell</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>Sept</i> ^{Day} <i>1st</i> ^{Years} <i>67</i>	^{Months} <i>—</i> ^{Days} <i>—</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John Harris Clemson</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Rachel Hay</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hospital records</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>about 1 yr.</i>
Immediate <i>Cardiac dilatation</i>	How long <i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Carey</i>
<i>Q</i>	Address <i>Sylversville md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Ralph Buckley Browner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Linwood</i>		Town <i>Linwood</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>16</i>	Age	Years	Months	Days <i>Three</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Near Linwood Md</i>				
Occupation <i>Stone</i>			Where Residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>Joseph Lee Browner</i>				Father's Birthplace <i>Carroll Co. Md</i>			
Mother's Maiden Name <i>Paulah Gwynn Buckley</i>				Mother's Birthplace <i>Fred. Co. Md</i>			
Name of person giving information <i>Parents J. L. Browner</i>				How related to deceased <i>Parents</i>			

CAUSES OF DEATH

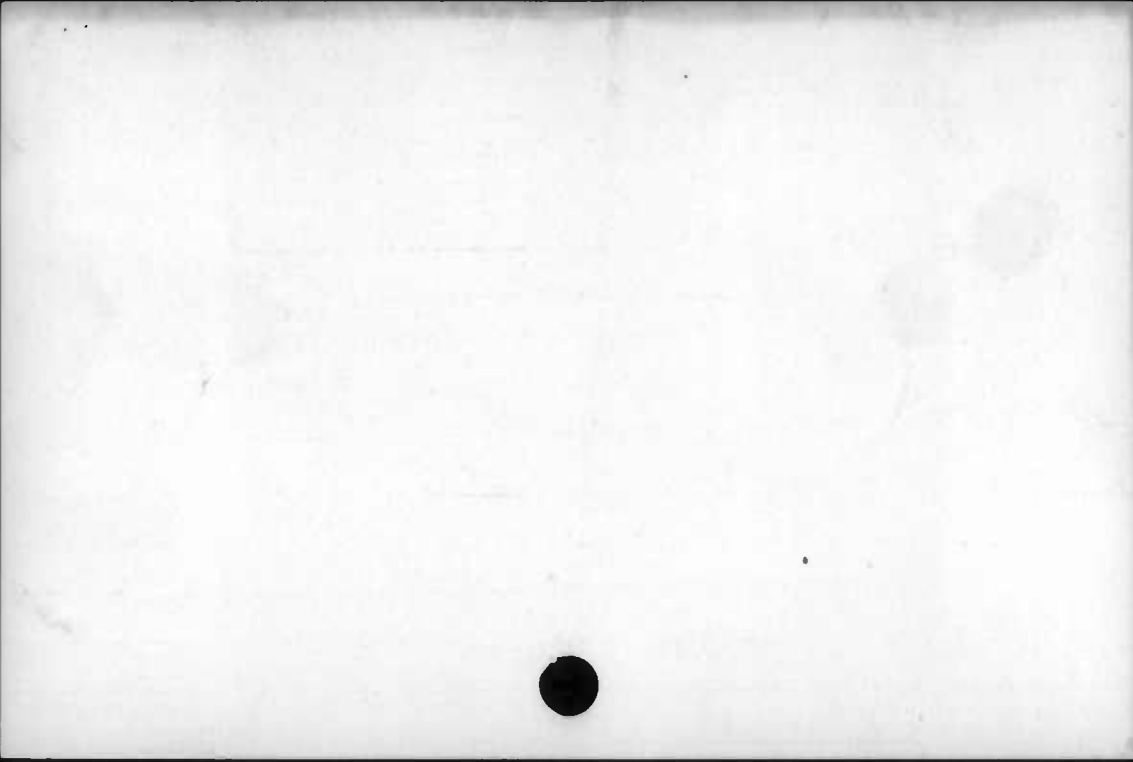
151

How long

How long

PHYSICIAN
OR CORONER

Primary <i>Permeation Birth</i>	
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luther Stump</i>
	Address <i>Uniontown Md</i>
Accident or Suicide?	



Name
in
Full

Sedonia Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

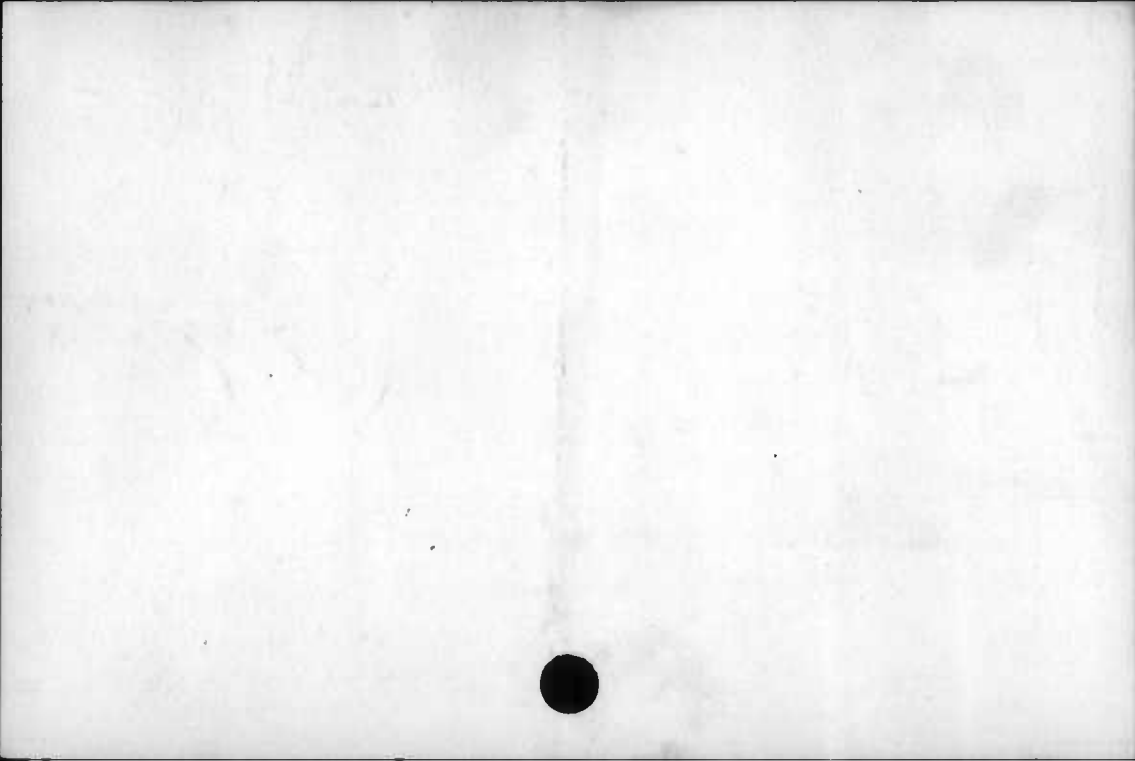
Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>September</i>	Day <i>24th</i>	Age <i>55</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Somerset Co. Md.</i>		
Occupation <i>none.</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Levi Howeth</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Nancy Ward.</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Hospital records.</i>			How related to deceased <i>none.</i>		

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>15 years ?</i>
Immediate <i>Reglutition Strangulation from piece potato lodging in throat while feeding.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge.</i>	Signature of Physician <i>W. Henry Fisher M.D.</i>
	Address <i>Sykesville Md.</i>
Accident or Suicide? <i>Accident.</i>	



Name
in
Full

Sarah Ann Fair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Near Taneytown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>78</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Carroll Co Ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife Husband <i>John Fair</i>				
Father's Name <i>Abraham Boone</i>	Father's Birthplace <i>un known</i>				
Mother's Maiden Name <i>Mary Grebb</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Theodore Fair</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

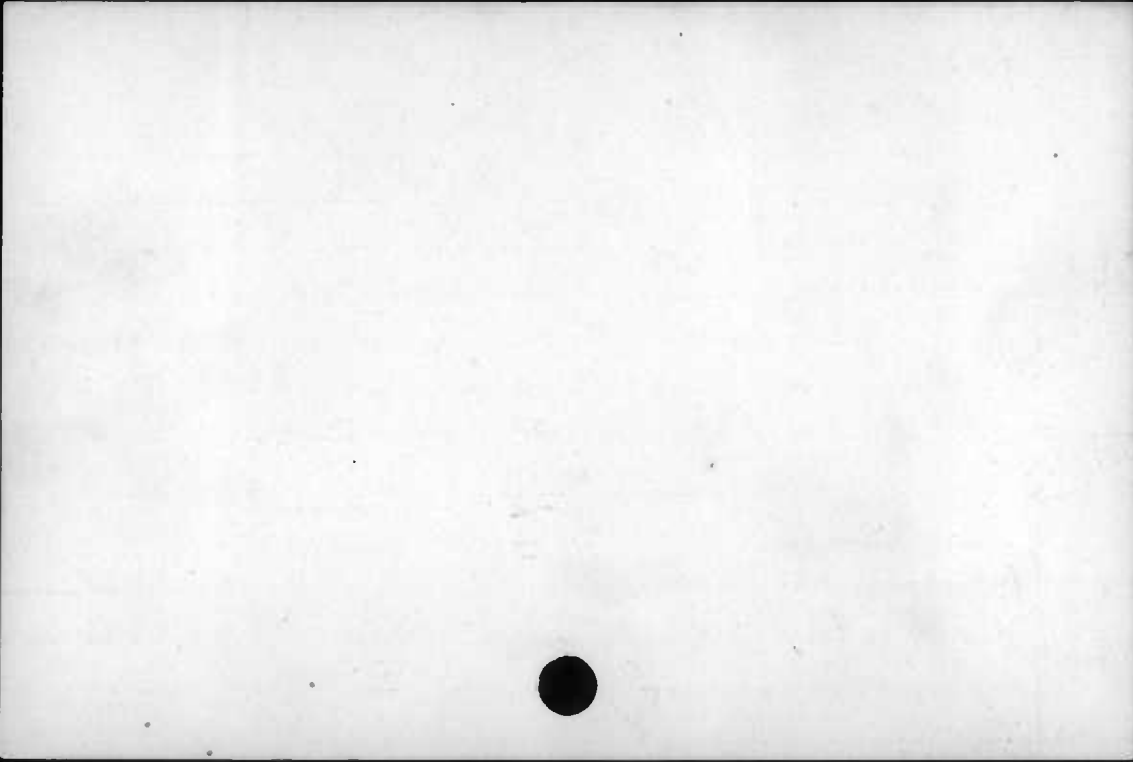
79

PHYSICIAN
OR CORONER

Primary <i>Calmed on disease of Heart</i>	How long <i>10 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. B. Birnie</i>
<i>J</i>	Address <i>Larry Ford</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Singleton, Flanagan ✓		MARYLAND			
Died at <i>Corns Corners</i> Town		<i>Canoll</i> County			
Date of death <i>1908</i>		<i>9</i> Month		<i>21</i> Day	
Age <i>79</i>		Years		Months <i>1</i> Days <i>22</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Corns Corners, Md.</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Martha Costley (deceased)</i>			
Father's Name <i>William Flanagan</i>		Father's Birthplace <i>Montgomery Co., Md.</i>			
Mother's Maiden Name <i>Delia Frazier</i>		Mother's Birthplace <i>Fredrick, Md.</i>			
Name of person giving information <i>Jacobian Flanagan</i>		How related to deceased <i>Brother</i>			
CAUSES OF DISEASE					
Primary		<i>Carcinoma of Stomach</i>			
Immediate		<i>Internal hemorrhage</i>			
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>			
Signature of Physician		<i>A. T. Crank</i>			
Address		<i>Taylorville</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Formwalt											
Died at Uniontown ^{Town}					Barroll ^{County}						
MARYLAND											
Date of death 1908		Sept ^{Month}		23 ^{Day}		Age 70		Months 7		Days 17	
Sex Female				Color or Race White				Birth-place Maryland			
Occupation Housewife						Where Residing if not at place of death					
Married, Single or Widowed Married				Name of Wife or Husband Emanuel Formwalt							
Father's Name John Babylon						Father's Birthplace Maryland					
Mother's Maiden Name Shojner						Mother's Birthplace Maryland					
Name of person giving information John E. Formwalt						How related to deceased Son					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Carcinoma of Liver		How long 5 Years.	
Immediate Exhaustion		How long 2 weeks.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Luther D. Bell	
Address Uniontown, Md.		Address	
Accident or Suicide?			

ms.

M. P. Carmel

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Isaac Goldenberg* Town *Lykesville* County *Carroll* MARYLAND

Died at *Lykesville*

Date of death *1908* Month *Sept* Day *30* Age *39* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Shoe business* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*

Father's Name *Abraham Goldenberg* Father's Birthplace *Germany*

Mother's Maiden Name *Rachael Rosenberg* Mother's Birthplace *Germany*

Name of person giving information *Hosp. records* How related to deceased

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary *General Paralysis* How long *6 mo.*

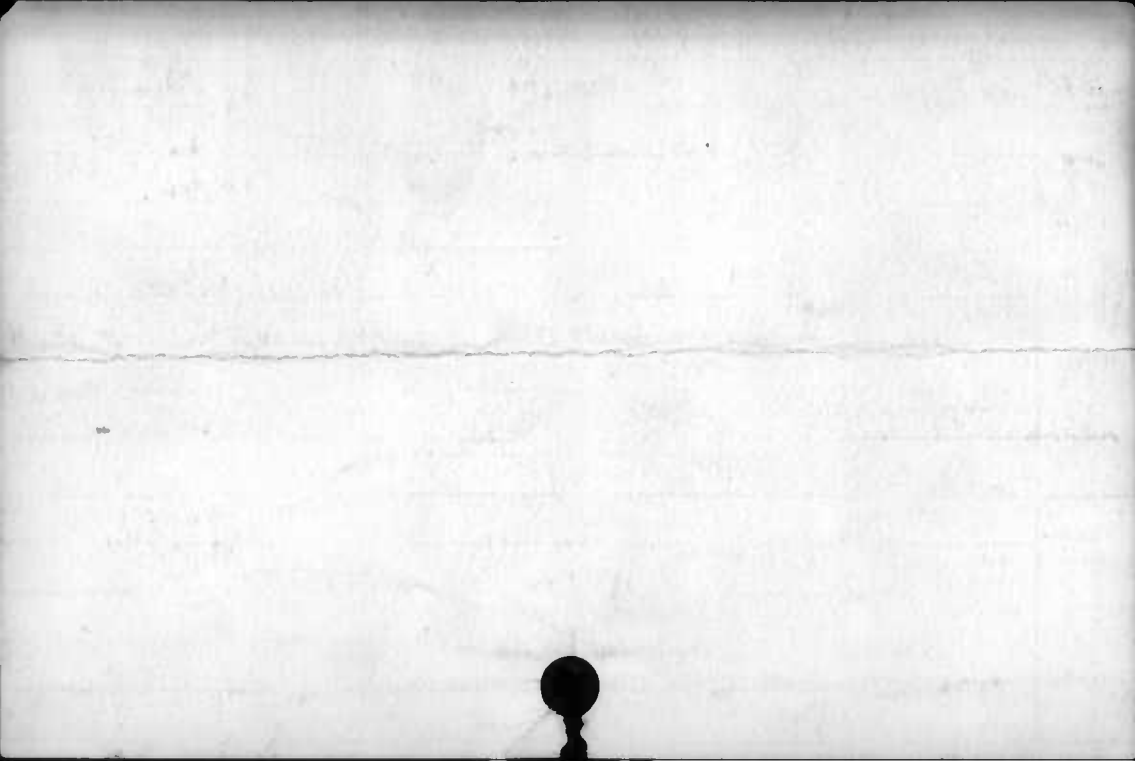
Immediate *Exhaustion* How long *Progressive*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *J. C. Clark*

Address *Lykesville Ind.*

Accident or Suicide? *J*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

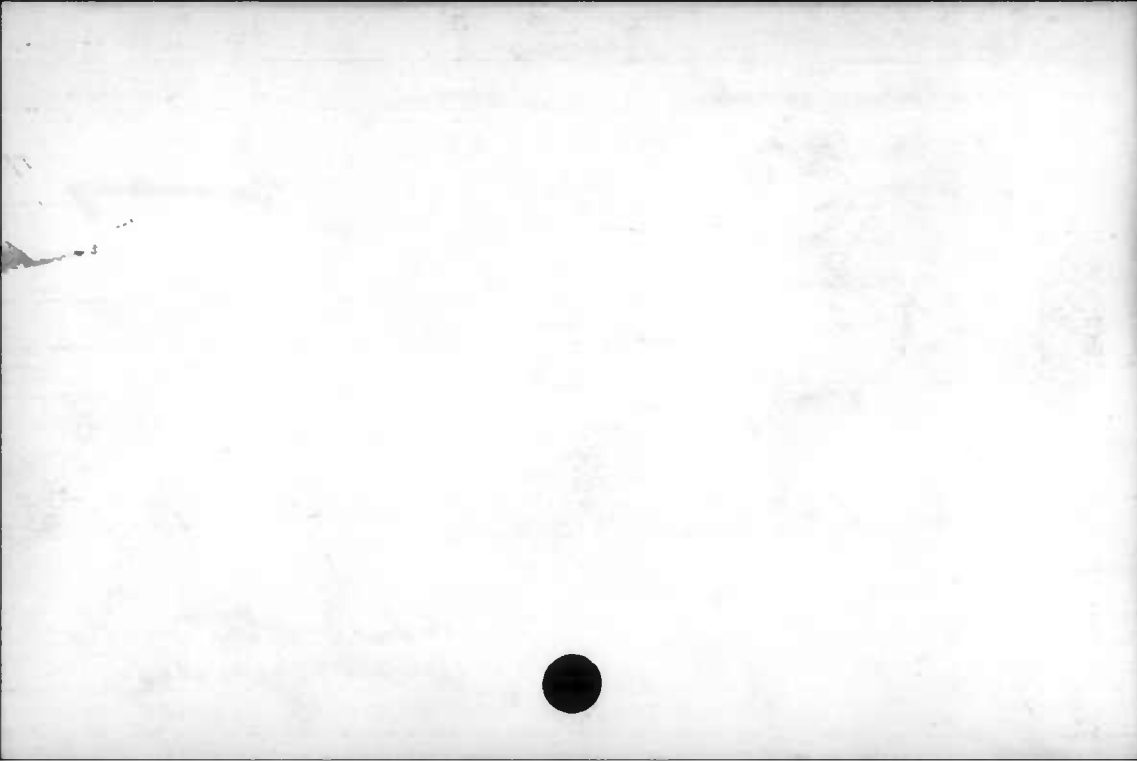
Name in Full <i>Charles P. Jones</i>		Town <i>Pine Hill</i>		County <i>Garnett</i>		MARYLAND					
Died at <i>Pine Hill</i>		Month <i>Sept</i>		Day <i>14</i>		Years <i>77</i>		Months <i>6</i>		Days <i>30</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Pine Hill Md.</i>					
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>_____</i>									
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Rachael Jones</i>									
Father's Name <i>John Jones</i>		Father's Birthplace <i>Maryland.</i>									
Mother's Maiden Name <i>W. H. Jones</i>		Mother's Birthplace <i>Not known</i>									
Name of person giving Information <i>W. H. Jones</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Edema of lungs.</i>	How long	<i>2. weeks</i>
Immediate	<i>Heart failure</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. Lewis Heston</i>	
		Address <i>Union Mills Ind.</i>	
Accident or Suicide <i>No</i>			



Name in Full		Christina Kiser				398		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Smallwood</u> Town			County <u>Carroll</u>			MARYLAND	
		Date of death <u>1908</u>		Month <u>Sept.</u>	Day <u>29</u>	Age <u>98</u> Years	Months <u>2</u>	Days	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>			
		Occupation <u>Retired</u>			Where Residing if not at place of death				
		Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Paul Kiser</u>					
PHYSICIAN OR CORONER		Father's Name <u>Not Known</u>			Father's Birthplace <u>Germany</u>				
		Mother's Maiden Name <u>Not Known</u>			Mother's Birthplace <u>Germany</u>				
		Name of person giving information <u>Chas Kiser</u>			How related to deceased <u>Son du Dea.</u>				
		CAUSES OF DEATH				154			
		Primary <u>Heart Failure & old age</u>				How long <u>2 hours</u>			
		Immediate <u>11</u>				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>M L Bott</u>			
						Address <u>Westminster</u>			
		Accident or Suicide?							

Green Park Cemetery
Stones.

Name
in
Full386
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Louise Catherine Koonz</i>		Town <i>Fryzleburg</i>		County <i>Carroll</i>		STATE <i>MARYLAND</i>	
Died at <i>Fryzleburg</i>		Month <i>Sept.</i>		Day <i>8</i>		Years <i>77</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>14</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Reuben Emanuel Koonz</i>					
Father's Name <i>Adam Mauckey</i>		Father's Birthplace <i>Penna</i>					
Mother's Maiden Name <i>Barbra Greenwalt</i>		Mother's Birthplace <i>Penna</i>					
Name of person giving information <i>Howard Koonz</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Gangrene of Foot</i>	How long <i>Several Weeks</i>
Immediate <i>Heart Failure</i>	How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billing</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

St Benjamin's Cemetery,
Stouev.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Polly Messinger
Town County

Died at *Union Mills* *Genovall*
Month Day Years Months Days

Date of death 190 *Sept* *9* Age

Sex *Female* Color or Race *White* Birth-place

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Samuel Messinger*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *Samuel Messinger* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic hepatitis* How long *Indefinite*

Immediate *Oedema of lungs, heart failure.* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Q*

Signature of Physician *Lewis Metzger* Address *Union Mills Ind.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

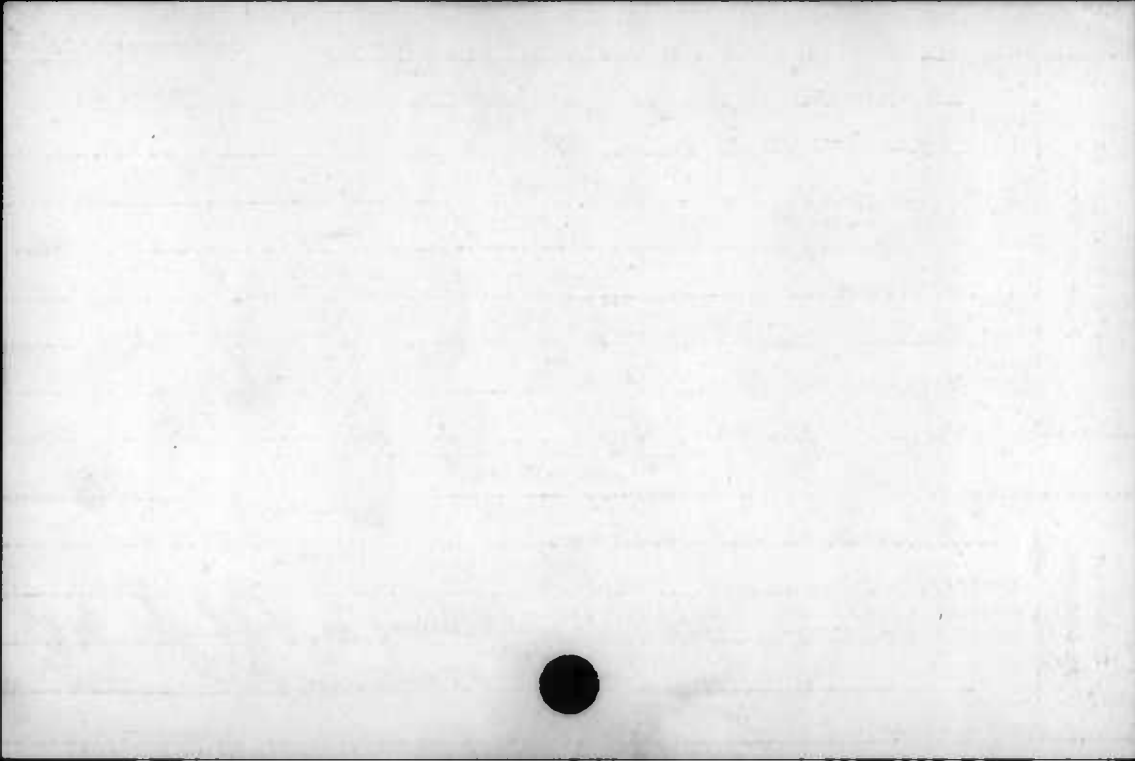
Died at <i>Union Bridge</i> ^{Town} <i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>Sept</i> ^{Day} <i>3</i> ^{Years} <i>2</i> ^{Months} <i>7</i> ^{Days} <i>—</i>	Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>Union Bridge</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>William Moore</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Emma Hokes</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Minnie Hokes</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 months +</i>
Immediate <i>General Asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. L. egg</i>
<i>J</i>	Address <i>Union Bridge Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Anna Sharp Moore

393
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster Md</i>		County <i>Leicester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>21</i>	Years <i>49</i>	Months <i>5</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>New Jersey</i>		
Occupation <i>Nurse infirm</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>E. Walker Moore</i>				
Father's Name <i>Charles A Sharp</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Bridget Phelan</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>E. L. Moore</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>indefinite</i>
Immediate <i>uraemic coma</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry M. Liffhugh M.D.</i>
	Address <i>Westminster, Ind.</i>
Accident or Suicide? <i>1</i>	

Spotswood N.F.

Name
in
Full

Jane Peterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

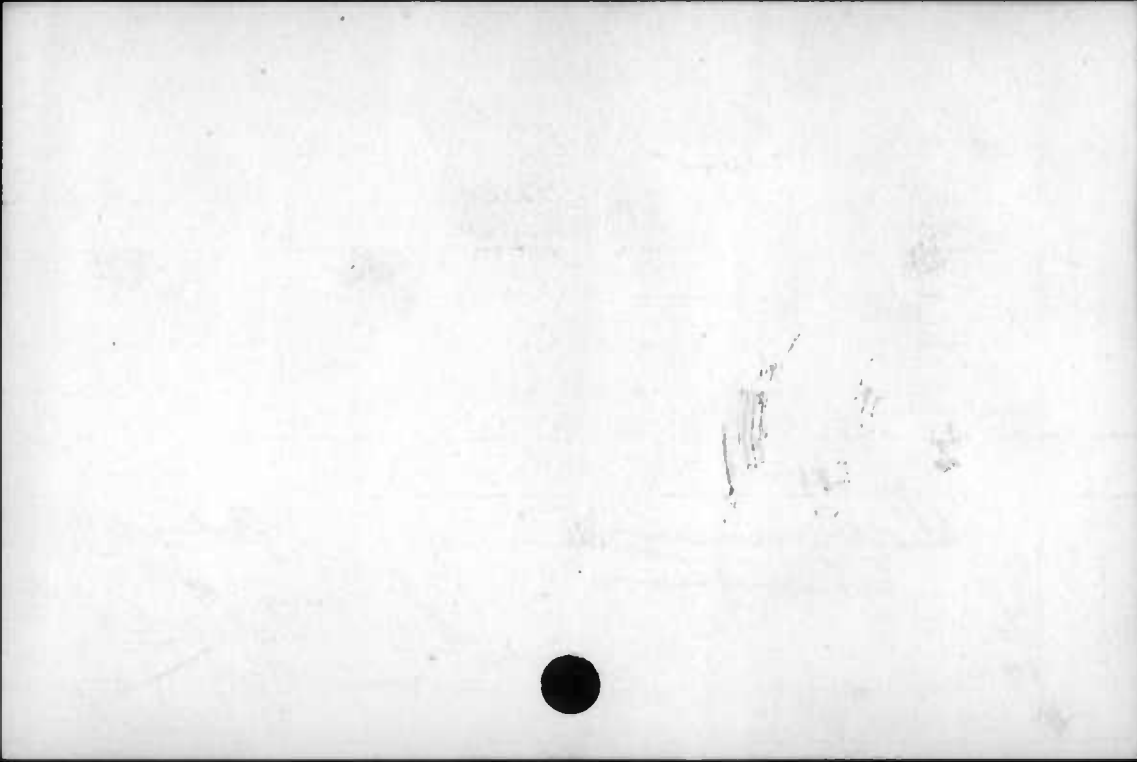
Died at <i>Springfield Hospital</i> ^{Town}		<i>Cornell</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>September</i>	Day <i>14th</i>	Age <i>44</i>	Years <i>44</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Hospital records -</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	<i>Epileptic seizure</i>	How long	<i>Suddenly</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>To best</i>		Signature of Physician <i>W. Henry Fisher M.D.</i>	
<i>of my knowledge.</i>		Address <i>Sylkerville</i>	
Accident or Suicide? <i>none.</i>		<i>Ind.</i>	



Name in Full Siryon Percy		CERTIFICATE OF DEATH	
Died at Syracuse Town		Leannell County	
Date of death 1908 Month Sep Day 1		Age 70 Years Months 5 Days 27	
Sex Male		Color or Race White	
Occupation Farmer		Birth-place Pa	
Where Residing if not at place of death =			
Married, Single or Widowed Married		Name of Wife or Husband Mary J. Warner	
Father's Name Michael Percy		Father's Birthplace Pa	
Mother's Maiden Name Leathem Pount		Mother's Birthplace Pa	
Name of person giving information Mary J. Percy		How related to deceased Wife	
		93	
CAUSES OF DEATH			
Primary Pneumonia		How long 3 days	
Immediate Exhaustion		How long " "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Charles E. Ross	
		Address Leannell	
Accident or Suicide?		and-	

(Bapt Church)

Dr. Hook

Please return by 1st mail

Mrs. Peltz.

Name
in
Full

Jessie V Pool

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

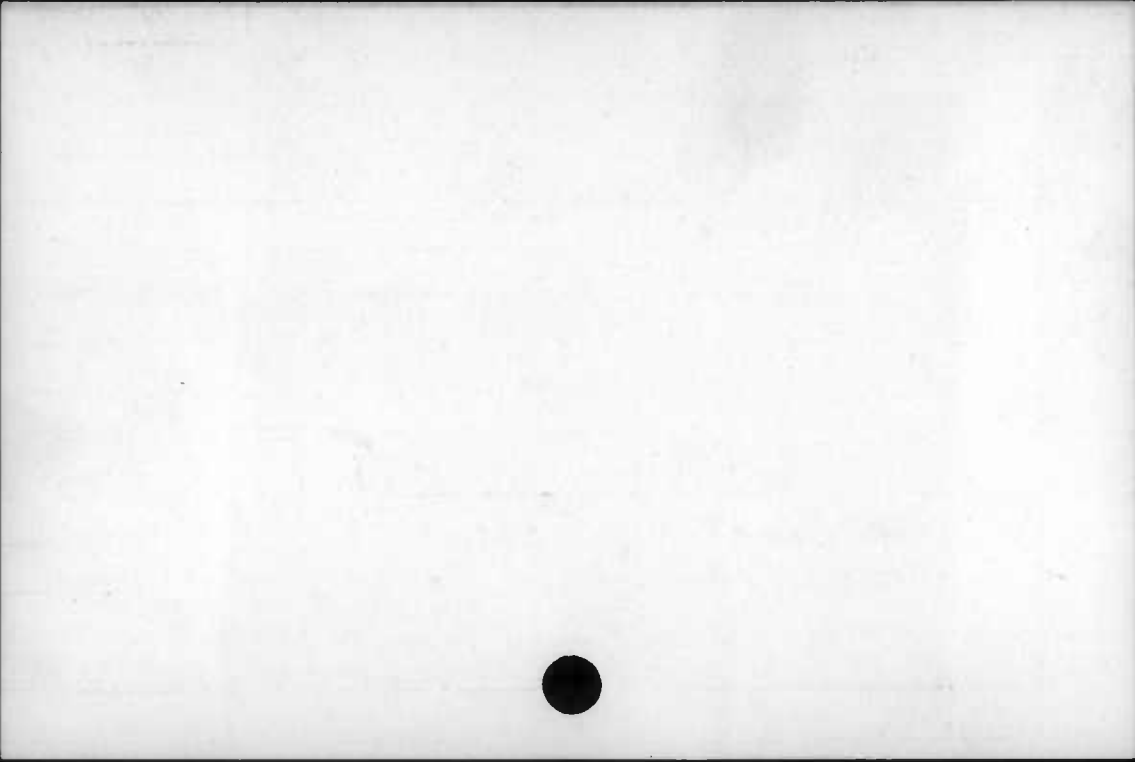
Died at <u>Taneytown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>Sept</u> ^{Month}	<u>12</u> ^{Day}	Age <u>24</u> ^{Years}	<u>7</u> ^{Months}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>Wm Halbert Pool</u>				
Father's Name <u>James R Hood</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Francis A Horsey</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Ella Hood</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <u>Overlural Septicemia</u>	How long <u>6 days.</u>
Immediate <u>peritonitis</u>	How long <u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Weiss,</u>
<u>9</u>	Address <u>Taneytown.</u>
Accident or Suicide? <u>No</u>	<u>md.</u>



Name
in
Full

Adam Rickell

890
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND

Date of death 1908 Sept 11 19 Age 73 9 Months 20 Days

Sex Male Color or Race White Birth-place Germany

Occupation Brick Mason Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Mary Catharine Snyder

Father's Name Leont Knorr Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Mary Slough How related to deceased Son-in-law

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis How long 8 days

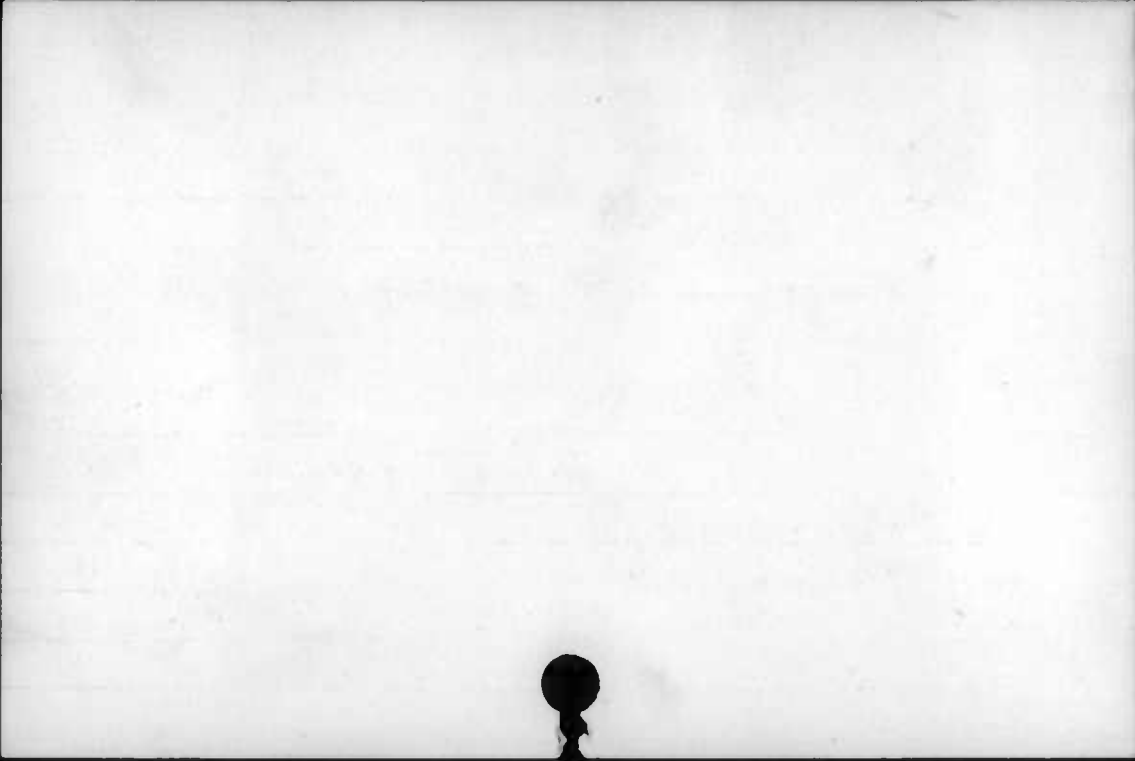
Immediate Heart Failure How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician T. J. Coonan

Address Westminster

Accident or Suicide? —



Name
In
Full

Sophia N Rider


397
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster <small>Town</small>		Carroll <small>County</small>		MARYLAND	
Date of death 1908 <small>Month</small> Sept <small>Day</small> 1-28		Age 55 <small>Years</small>		Months — Days —	
Sex Female	Color or Race White	Birth-place Maryland			
Occupation House Wife		Where Residing if not at place of death —			
Married, Single or Widowed Married	Name of Wife or Husband William N. Rider				
Father's Name Abraham Thomas	Father's Birthplace Maryland				
Mother's Maiden Name Susan Rhodes	Mother's Birthplace Id.				
Name of person giving information Wm N. Rider		How related to deceased Nephew			

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary Chronic Bronchitis	How long 18 years
Immediate Haemoptysis	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. M. Sullivan
	Address 146 E. Main St
Accident or Suicide? —	

Westminster Cemetery

Name
in
Full

Infant

Robinson

394
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandyville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1908 Sep</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <small>Years</small>	Months	<i>1/2 hours</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Walter E Robinson</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Blanch Flann</i>		Mother's Birthplace			
Name of person giving information <i>Walter E Robinson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature</i>	How long	<i>8 1/2 mo</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. R. Long</i>	
		Address <i>W. Robinson</i>	
Accident or Suicide? <i>no</i>		<i>MD.</i>	

Sandy Mount

Name
in
Full384
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Myra L Shaw</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>Sept</i>		Day <i>6</i>		Age <i>64</i>	
Date of death <i>1908</i>		Years <i>64</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank T Shaw</i>					
Father's Name <i>James O. Cull</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Sarah Foster</i>		Mother's Birthplace <i>Idaho</i>					
Name of person giving information <i>E. C. Weant</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>4 years</i>
Immediate	<i>Dilatation of the Heart</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician <i>E. M. Sullivan</i>		Address <i>—</i>	
Accident or Suicide? <i>9</i>			

Bestimmung

Name
in
Full

Maree La Rue Sherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Manchester, Me. County Cumberland

Date of death 1908 Sept 11 Age 2 Months 9 Days 29

Sex Female Color or Race White Birth-place Manchester, Me.

Occupation Where Residing if not at place of death Manchester, Me.

Married, Single
or WidowedName of Wife or
Husband

Father's Name Wm. A. Sherman

Father's Birthplace Baltimore

Mother's Maiden Name Annie Hosfeldt

Mother's Birthplace Manchester, Me.

Name of person giving information Wm. Sherman

How related to deceased Father

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Cholera Infantis

How long 2 days

Immediate Asphyxiation

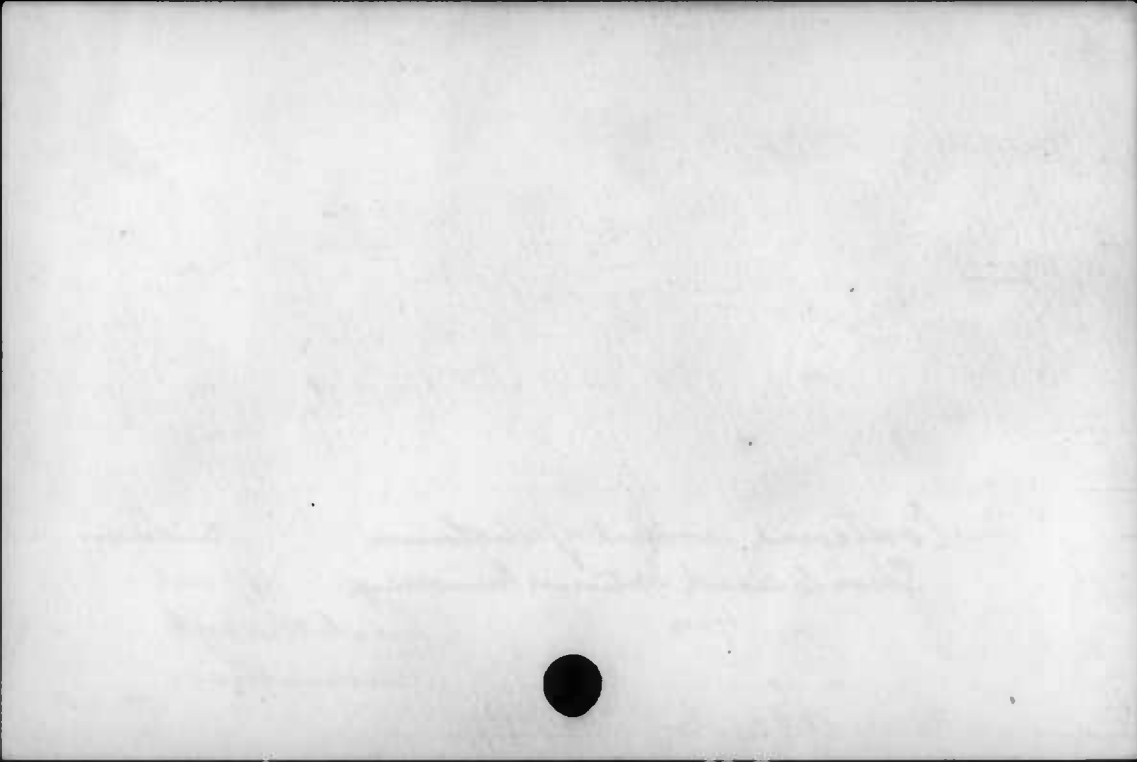
How long 4 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician J. W. Preston M.D.

Address Manchester, Me.

Accident or Suicide?



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Theodore C Shriner</i>		Town <i>Near Mayberry</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died <i>Near Mayberry</i>		Date of death <i>1908 Sept 9</i>		Age <i>51</i>		Months <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co Ind</i>		Days <i>18</i>	
Occupation <i>Farmer & Laborer</i>		Where Residing if not at place of death <i>Bare Mount</i>		Married, Single <i>Married</i>		Name of Wife or Husband <i>Martha J Shriner</i>	
Father's Name <i>Abraham Shriner</i>		Father's Birthplace <i>Med</i>		Mother's Maiden Name <i>Jydia Mearring</i>		Mother's Birthplace <i>Med</i>	
Name of person giving information <i>Martha Shriner</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Contused wound of abdomen</i>	How long	<i>Sudden</i>
Immediate	<i>Shock and Internal hemorrhage</i>	How long	<i>1 hour -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Charles E Hoop</i>	
		Address <i>Tammytown Md</i>	
Accident or Suicide? <i>accident</i>			

"This accident was caused in saw mill, portable
stump saw mill. In trying to remove a short slab
which had broken off and was rubbing against
circular saw, his hand & spike caught in teeth
of saw & was driven into chest
over the R hyperchondria region."

Name
in
Full

Annice Marie Stephen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>MT. Airy</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Sept.</i> <small>Day</small> <i>5</i>		Age <i>5</i> <small>Years</small>		<i>5</i> <small>Months</small> <i>18</i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Horrell Park, MT Wisconsin</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>MT Wisconsin</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Howard Stephen</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Elizabeth Holtritter</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Elizabeth Holtritter</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>marasmus-</i>	How long <i>3 weeks-</i>
Immediate <i>Enteritis</i>	How long <i>1 week-</i>

Are the name, age, sex, color, date and place correctly given above? *yes-*

Signature of Physician

Address

Walter B. Platt, M.D.
802 Cathedral St.
Baltimore.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Ann. Stoner</i>		Town <i>Uniontown</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1908</i>		<i>Sept 4</i>		<i>84</i>		<i>11 21</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Uniontown</i>					
Married Single Widowed		Name of Wife or Husband <i>Solomon Stoner</i>					
Father's Name <i>Jacob Stoner</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Magdalena Gravill</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>Edna Stoner</i>		How related to deceased <i>Grand Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old Age (Senility)</i>		How long <i>154</i>	
Immediate <i>Heart Troubles</i>		How long <i>1 Year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Luther H. [Signature]</i>	
Address <i>Uniontown Ind</i>			
Accident or Suicide? <i>No</i>			

Underwater - Harvey Bankard

Pipe Creek Cemetery -

Name
in
Full

William Struth

395
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

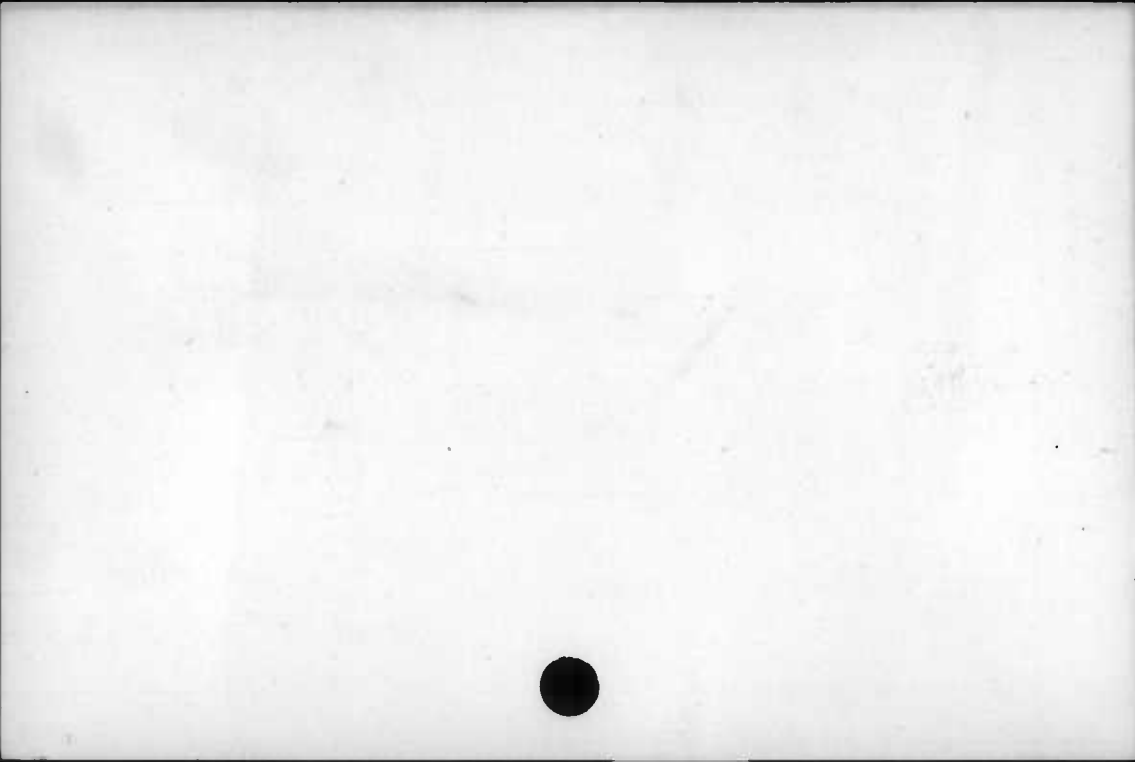
Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>Sept</u>	Day <u>25</u>	Age <u>89</u>	Months <u>—</u> Days <u>2</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Retired</u>		Birth-place	<u>Germany</u>	
Married, Single or Widowed	<u>Widower</u>		Where Residing if not at place of death	<u>Christina Helena Linderman</u>	
Father's Name	<u>Not Known</u>		Father's Birthplace	<u>Unknown</u>	
Mother's Maiden Name	<u>Not Known</u>		Mother's Birthplace	<u>Unknown</u>	
Name of person giving information	<u>John Arbough</u>		How related to deceased	<u>Friend</u>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Old age</u>	How long	<u>—</u>
Immediate	<u>Heart Failure</u>	How long	<u>One Year</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Jas. H. Bellinger</u>	
Accident or Suicide?		Address	
<u>No</u>		<u>Westminster, Md.</u>	



Name
in
Full

Helen J. Taylor ✓

CERTIFICATE OF DEATH

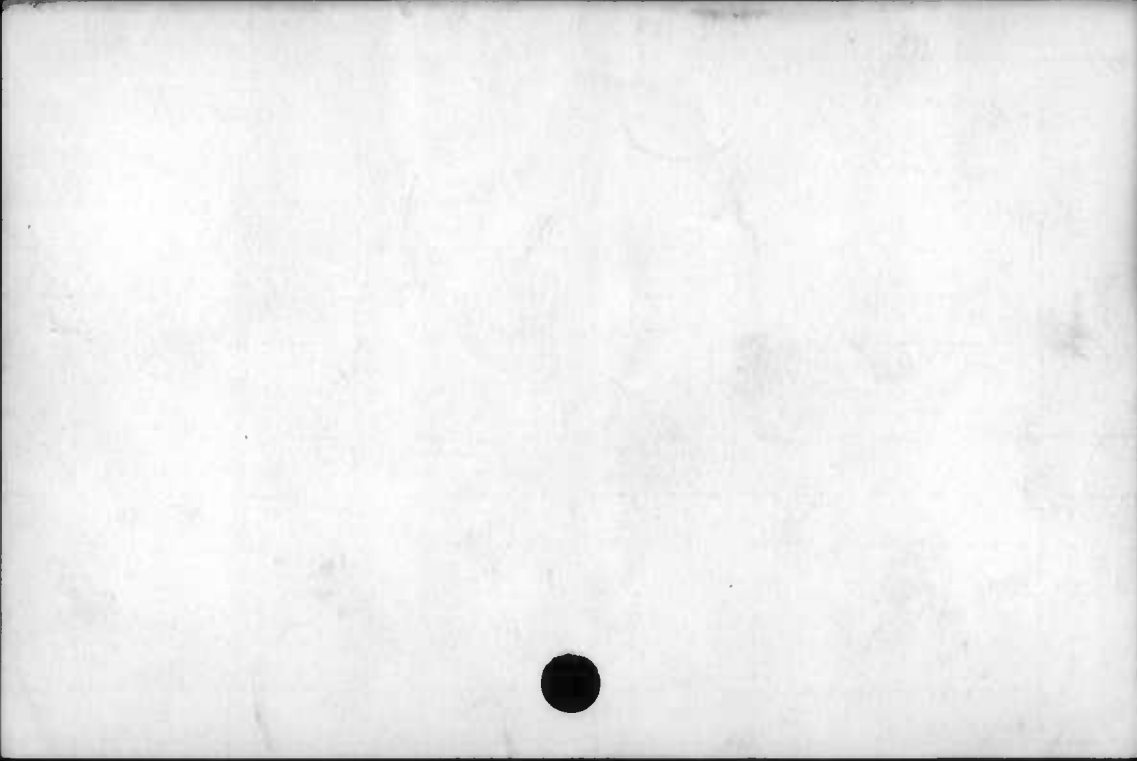
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sykesville</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>September</u>	Day	<u>10th</u>
Age		<u>59</u>	Years	Months	<u>4</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Cambridge Md.</u>
Occupation	<u>Matron</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Milton H. Taylor</u>		
Father's Name	<u>John A. Farguharson</u>		Father's Birthplace	<u>Md.</u>	
Mother's Maiden Name	<u>Emmeline Creighton</u>		Mother's Birthplace	<u>Md.</u>	
Name of person giving information	<u>Bessie J. Noble</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>to liver & connective tissue</u> <u>Carcinoma</u>	How long	<u>?</u>
Immediate	<u>Cachexia & Exhaustion</u>	How long	<u>3 1/2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>To best of my knowledge.</u>		<u>W. Henry Fisher</u>	
Accident or Suicide?		Address	
<u>No.</u>		<u>Sykesville Md.</u>	



Name in Full		Eli Thompson Jr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death		Month	Day	Age	Years
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
		CAUSES OF DEATH		151			
PHYSICIAN OR CORONER		Primary		Premature Birth		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Accident or Suicide?				Address	
				Dr Ira E Whitehill		New Windsor Md	

LIBRARY BUREAU AB6616

St Paul 14 68

Name
in
Full

Charles English Tiffany

396

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster		^{County} Carroll		MARYLAND	
Date of death	1905	Month	September	Day	27
Age	8	Years		Months	3
Sex	male	Color or Race	white	Birth-place	Greenville, Ill.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Orin Edward Tiffany			Father's Birthplace	Harona, Minn.
Mother's Maiden Name	Grace English			Mother's Birthplace	Rushford, N.Y.
Name of person giving information	O.E. Tiffany			How related to deceased	Father

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Cerebral Tumor,	How long	6 months
Immediate	Paralysis of Diaphragm ^{or pharynx}	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Harry M. Lighty	
Address		Westminster Md.	
Accident or Suicide?			

Belfast
Allegany Co
New York

Name
in
Full389
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town}		Carroll ^{County}		MARYLAND	
Date of death	1908 ^{Month}	Sept ^{Day}	16 ^{Age}	76 ^{Years}	2 ^{Months}
Sex	Female		Color or Race	White	
Occupation	Retired		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband	Fred H Wagner	
Father's Name	Don't Know			Father's Birthplace	—
Mother's Maiden Name	Don't Know			Mother's Birthplace	—
Name of person giving information	Willott Humbert			How related to deceased	Friend

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	Paralytic	How long	57 years
Immediate	" "	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J		John S. Mathews	
		Address	
		Westminster	
Accident or Suicide?			
		md.	

Salem Cemetery
Houses

Name
In
Fullno 385
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name Harvey G Webster		Town Westminster		County Carroll		MARYLAND	
Died at		Date of death		Age		Months	
		1908 Sept 11		34		6	
Sex Male		Color or Race white		Birth-place Maryland			
Occupation Stationary Fireman		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Minnie Davis					
Father's Name Charles Webster		Father's Birthplace Maryland					
Mother's Maiden Name Caroline Bloom		Mother's Birthplace Id					
Name of person giving information Minnie Webster		How related to deceased Wife					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Anaemic Necrosis	How long	Since
Immediate	Heart Rupture	How long	Since
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. J. Stewart	
Address		Pennsboro	
Accident or Suicide?		Westminster Md	

Deer Park
Smallwood

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

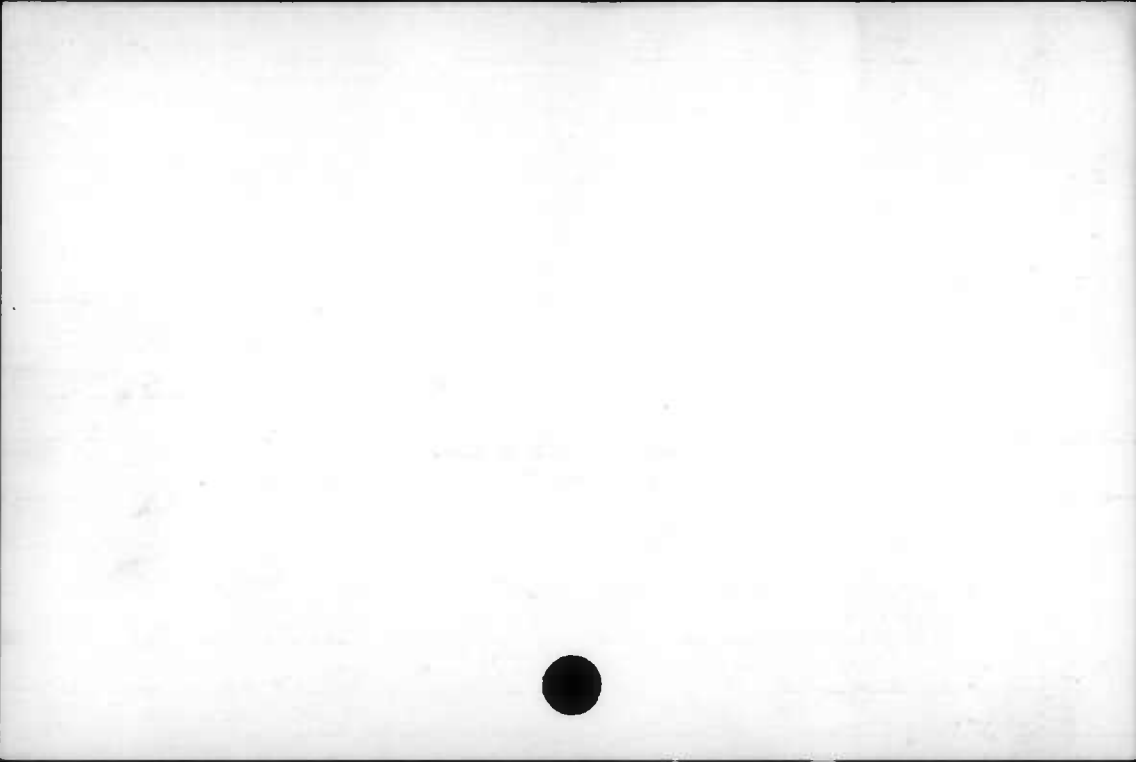
Died at 8 Agresville Wilhelm Carroll MARYLAND
Date of death 1908 Sept 3 Age Years Months Days
Sex Female Color or Race White Birth-place Carroll Co
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Ernest Wilhelm Father's Birthplace md
Mother's Maiden Name Mary Ridgeley Mother's Birthplace md
Name of person giving Information Ernest Wilhelm How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Prematurity 151 How long _____
Immediate Asphyxia How long _____
Are the name, age, sex, color, date and place correctly given above? Q Signature of Physician Daniel B. Brecher
Address Agresville md
Accident or Suicide _____



Name
In
Full

Rev. Joseph P. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hampstead^{County} Carroll

Date of death 1908

Month 9

Day 13

Age

Years 73

Months 5

Days 10

Sex

Male

Color or
Race

White

Birth-
place

Phila. Pa.

Occupation

Brygman

Where Residing if not
at place of death

Same

Married, ~~Single~~

Name of Wife or

~~Widowed~~
Husband

Katharine Gill

Father's
Name

Clayton Wilson

Father's
Birthplace

Phila. Pa.

Mother's
Maiden Name

Henrietta Dedicker

Mother's
Birthplace

Phila. Pa.

Name of person giving
In formation

Mrs. Katharine Wilson

How related
to deceased

Wife

CAUSES OF DEATH

104

Primary

Gastritis

How long

2 wks.

Immediate

Heart Failure

How long

2 ds.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

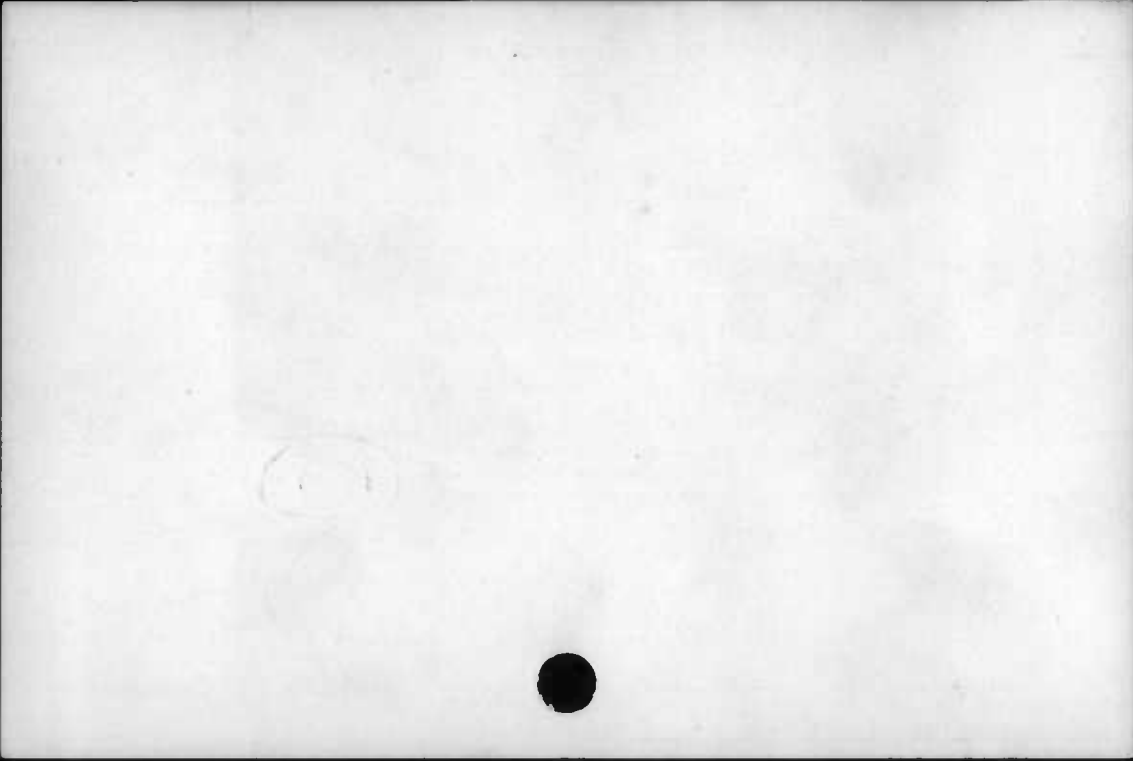
Edgar M. Buoh

Address

Hampstead, Md.

Accident or Suicide?

X



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bruceville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>4</i>	Age <i>—</i> Years	Months <i>3</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Bruceville Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Andrew Jackson Hoef</i>		Father's Birthplace <i>Grifford Md.</i>			
Mother's Maiden Name <i>Blanche May Barker</i>		Mother's Birthplace <i>Tracy Ohio</i>			
Name of person giving information <i>Blanche May Barker</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>		How long <i>5 days</i>
Immediate			How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>C. H. Miller</i>	
		Address <i>Detroit, Md.</i>	
Accident or Suicide? <i>No.</i>			

